Transgender Experiences with Violent Victimization and their Effects on Mental Health in Adulthood

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I. Introduction

Although due to misgendering and transphobia, violence against transgender people is often underreported, 4,369 transgender people are known to have been killed between 2008 and 2022 in dozens of countries.[1] According to the Trans Murder Monitoring (TMM), between October 2021 and 30 September 2022, 327 trans and gender-diverse people have been killed worldwide. Most of these cases (N = 222) were reported in Latin America and the Caribbean.[2] Between 2013[3] and 2020, more than 200 transgender and gender non-conforming individuals have been killed in the United States. About 80 % of the anti-trans homicide victims were trans women of color.[4] In 2021, the Human Rights Campaign tracked in the US a record number of violent fatal incidents (N = 50) against transgender and gender non-conforming people.[5] In 2022, 35 trans people have been killed in the United States.[6]

Recent research conducted in the United States on nationally representative samples found that transgender people had victimization rates four times higher than cisgender persons (i.e., people whose gender identity

1 *Trans Murder Monitoring*, TMM absolute numbers (2008-Sept. 2022). https://transrespect.org/en/map/trans-murder-monitoring/.

2 *Trans Murder Monitoring*, TMM update: Trans Day of Remembrance 2022. https://transrespect.org/en/tmm-update-tdor-2022/.

3 The Federal Bureau of Investigation began reporting on hate crimes motivated by anti-transgender bias in 2013.

4 *Human Rights Campaign*, An epidemic of violence: Fatal violence against transgender and gender non-conforming people in the United States in 2020, 2020.

5 *Powell*, 2021 becomes deadliest year on record for transgender and non-binary people, 2021. https://www.hrc.org/press-releases/2021-becomes-deadliest-year-on-record-for-transgender-and-non-binary-people.

6 *Human Rights Campaign*, Fatal violence against the transgender and gender non-conforming community in 2022. https://www.hrc.org/resources/fatal-violence-against-the-transgender-and-gender-non-conforming-community-in-2022.

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matches the sex they were assigned at birth).[7] Additionally, compared to cisgender people, the trans persons' violent victimization rates were 2.5 times higher.[8] Researchers also found that compared to their cisgender counterparts, transgender youth were significantly more likely to report violent victimization.[9] Moreover, research shows that, trans people experienced a higher prevalence and frequency of hate crime victimization than non-trans LGB people.[10]

Due to limited availability of data collected from trans subpopulation groups, research on transgender people, which focuses on the correlates of victimization and of its consequences for the victims is sparse.[11] This study intends to contribute to this literature. Specifically, the study will explore the effects of childhood polyvictimization and of various types of childhood victimization on revictimization and mental health in adulthood. Research findings indicate that psychopathology and psychiatric disorders in trans people are higher than in cisgender population groups.[12] For instance, a systematic review found that among trans persons, the prevalence of anxiety disorders (i.e., specific phobias, social phobias, panic disorders, and obsessive-compulsive disorders) was much higher than in the general population, ranging from 17 % to 68 %.[13] By focusing on the impact of adverse childhood experiences on trans people's lives, this analysis intends to inform policies meant to prevent and reduce the victimization of individuals belonging to sexual and gender minority groups. Additionally,

7 *Flores/Meyer/Langton/Herman*, Gender identity disparities in criminal victimization: National Crime Victimization Survey, 2017-2018, American Journal of Public Health, 2021, pp. 726 – 729.

8 *Truman/Morgan*, Violent victimization by sexual orientation and gender identity, 2017-2020, Statistical Brief June 2022. https://bjs.ojp.gov/content/pub/pdf/vvsogi1720.pdf.

9 *Johns/Lowry/Andrzejewski/Barrios/Demissie/McManus/Rasberry/Robin/Underwood*, Transgender identity and experiences of violence victimization, substance use, suicide risk, and sexual risk behaviors among high school students – 19 states and large urban districts, 2017, Morbidity and Mortality Weekly Report 2019, pp. 67-71.

10 *Walters/Paterson/Brown/McDonnell*, Hate crimes against trans people: Assessing emotions, behaviors, and attitudes toward criminal justice agencies. Journal of Interpersonal Violence, 2020, pp. 4583-4613.

11 *Stotzer*, Violence against transgender people: A review of United States data. Aggression and Violent Behavior, 2009, pp. 170-179.

12 *Dhejne/Van Vlerken/Heylens/Arcelus*, Mental health and gender dysphoria: A review of the literature, International Review of Psychiatry, 2016, pp. 44-57.

13 *Millet/Longworth/Arcelus*, Prevalence of anxiety symptoms and disorders in the transgender population: A systematic review of the literature, International Journal of Transgenderism, 2017, pp. 27-38.

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this research plans to contribute to the development of more sensitive and appropriate mental health care measures for trans populations.

II. Theoretical Framework and Literature Review

In trans persons' lives, the family can be an important source of support, but also an important source of discrimination and maltreatment with long-term deleterious consequences on one's general well-being.[14] Freyd's *betrayal trauma theory*[15] highlights the importance of safe and trustworthy attachment relationships in understanding the posttraumatic outcomes of childhood victimization.[16] According to Freyd, "betrayal trauma occurs when the people or institutions on which a person depends for survival significantly violate that person's trust or well-being. Childhood physical, emotional, or sexual abuse perpetrated by a caregiver are examples of betrayal trauma."[17] The theory also posits that when the perpetrator of abuse is a parent, the victim faces a higher risk of revictimization in adulthood. It is argued that in order to cope with maltreatment by someone close, the victims would adopt maladaptive behaviors (e.g., substance misuse; risky sexual behavior) that would increase their risk of revictimization in adulthood.[18]

Perry, Hodges, and Egan's *social cognitive model* also focuses on the influence of the family environment to explain victimization occurring outside the family sphere.[19] Perry and colleagues argued that children who experience aggressive family interactions develop lower levels of self-esteem,

14 *Fuller/Riggs*, Family support and discrimination and their relationship to psychological distress and resilience amongst transgender people, International Journal of Transgenderism, 2018, pp. 379-388.

15 *Freyd*, Betrayal trauma: The logic of forgetting childhood abuse, 1996, Cambridge, MA.

16 *Gómez/Freyd,* Betrayal trauma, in Ponzetti (Ed.), Macmillan Encyclopedia of Intimate and Family Relationships: An Interdisciplinary Approach, 2019, pp. 79-82, Boston, MA.

17 *Freyd*, Betrayal trauma, in: Reyes, Elhai, and Ford (Eds.), Encyclopedia of Psychological Trauma, 2008, p. 76, New York.

18 *Gobin/Freyd*, Betrayal and revictimization: Preliminary findings, Psychological Trauma Theory Research Practice and Policy, 2009, pp. 242–257.

19 *Perry/Hodges/Egan*, Determinants of chronic victimization by peers: A review and new model of family influence, in: Juvonen/Graham (Eds.), Peer harassment in school: The plight of the vulnerable and victimized, 2001, pp. 73–104, New York.

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a sense of helplessness, and distorted cognitions. According to the authors, these acquired cognitive schemas create a vulnerability for extrafamilial victimization,[20] which may extend beyond childhood and adolescence. And research based on samples drawn from the general population shows that both men and women who experienced multiple childhood victimizations or polyvictimization were more likely to be revictimized during adulthood.[21]

In addition to studies that explored the long-term cumulative effect of childhood victimization, researchers also assessed the independent effect of various types of childhood maltreatment on revictimization in adulthood. For instance, using a prospective cohort design, Widom, Czaja and Dutton compared a sample of individuals with documented cases of childhood physical and sexual abuse and neglect with a matched control group of individuals who did not experience childhood victimization. Results showed that victims of childhood maltreatment were significantly more likely to report victimization in adulthood than the control group. Additionally, all types of childhood victimization (physical abuse, sexual abuse, and neglect) significantly increased the risk for lifetime revictimization.[22]

Yet, although meta-analysis results indicate that childhood victims of sexual violence are more likely to be sexually revictimized in adulthood,[23] statistical models that explored the simultaneous effects of various forms of childhood maltreatment on sexual revictimization in adulthood produced mixed findings. While some studies found that persons who experienced emotional, sexual, and physical victimization in childhood were more likely

20 *Finkelhor/Shattuck/Turner/Ormrod/Hamby,* Polyvictimization in developmental context, Journal of Child & Adolescent Trauma, 2011, pp. 291-300.

21 *Brassard/Tourigny/Dugal/Lussier/Sabourin/Godbout*, Child maltreatment and polyvictimization as predictors of intimate partner violence in women from the general population of Quebec, Violence Against Women 2020, pp. 1305–1323; *Pereda/Gallardo-Pujol*, One hit makes the difference: The role of polyvictimization in childhood in lifetime revictimization on a Southern European sample, Violence and Victims, 2014, pp. 217-231. *Scrafford/Grein/Miller-Graff*, Legacies of childhood victimization: Indirect effects on adult mental health through re-victimization, Journal of Child & Adolescent Trauma, 2018, pp. 317-326.

22 *Widom/Czaja/Dutton*, Childhood victimization and lifetime revictimization, Child Abuse and Neglect, 2008, pp. 785- 796.

23 *Walker/Freud/Ellis/Fraine/Wilson*, The prevalence of sexual revictimization: A meta-analytic review. Trauma Violence & Abuse, 2017, pp. 67–80.

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to be sexually revictimized in adulthood,[24] other researchers concluded that childhood physical maltreatment increased the odds of sexual and physical victimization for women and physical victimization for men more than childhood sexual maltreatment did.[25] Furthermore, Pezzoli and colleagues found in a sample of 12,952 Finnish individuals that childhood emotional abuse had a stronger association with adult sexual victimization than childhood sexual or physical victimization.[26]

Using a sample of women residing in the United States, Canada, and the United Kingdom, Rowe and her colleagues found that childhood sexual maltreatment predicted sexual or physical revictimization in adulthood. Additionally, respondents who acknowledged paternal emotional maltreatment were more likely to report sexual revictimization in adulthood. And respondents who experienced both sexual and physical revictimization in adulthood also reported childhood paternal physical maltreatment.[27] Moreover, in a study based on a sample of homeless adults, childhood physical maltreatment was the only significant predictor of adult physical revictimization when childhood physical, sexual, and emotional maltreatment were modeled simultaneously.[28]

Nonetheless, the literature indicates that childhood victimization is a strong predictor of affective psychopathology (i.e., anxiety disorders, posttraumatic stress disorders and depression) in adulthood.[29] A recent meta-analysis based on 59 publications, found that when a type of victimization

24 *Kimerling/Alvarez/Pavao/Kaminski/Baumrind*, Epidemiology and consequences of women's revictimization. Women's Health Issues 2007, 101–106; *Ports/ Ford/Merrick*, Adverse childhood experiences and sexual victimization in adulthood, Child Abuse & Neglect, 2016, pp. 313–322.

25 *Desai/Arias/Thompson/Basile*, Childhood victimization and subsequent adult revictimization assessed in a nationally representative sample of women and men. *Violence and Victims,* 2002, pp. 639–653.

26 *Pezzoli/Antfolk/Kronlund/Santtila*, Child maltreatment and adult sexual assault victimization: Genetic and environmental associations, Journal of Sex Research, 2020, pp. 624–638.

27 *Rowe/Chananna/Cunningham/Harkness*, Sexual, physical, and emotional maltreatment in childhood are differentially associated with sexual and physical revictimization in adulthood, Journal of Interpersonal Violence, 2022, pp. 1-25.

28 *Edalati/Krausz/Schütz*, Childhood maltreatment and revictimization in a homeless population, Journal of Interpersonal Violence, 2016, pp. 2492–2512.

29 *Rinne-Albers/van der Vee/Lamers-Vinkelman/Vermeiren*, Neuroimaging in children, adolescents, and young adults with psychological trauma, European Child & Adolescent Psychiatry, 2013, pp. 745-755; *Scrafford/Grein/Miller-Graff*, Journal of Child & Adolescent Trauma, 2018, pp. 317, 320.

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is present in the family, polyvictimization is more likely to occur. Moreover, longitudinal studies show that when a family reported intimate partner violence, the odds of child abuse and neglect within the same family increased more than three times. Moreover, depression and post-traumatic stress disorder were two significant correlates of family polyvictimization.[30] Even though the effects were not always significant,[31] retrospective studies based on samples with transgender adults generally documented positive relationships between childhood maltreatment and/or victimization later in life, and psychological distress in adulthood.[32]

III. Current Study

The current study examines the potential long-term effects of childhood victimization on (re)victimization and general well-being during adulthood. While the legacy of childhood victimization has been frequently explored in research based on samples drawn from the general population, only a small number of studies assessed the impact of adverse childhood experiences among trans adults. Based on the theoretical predictions and prior research findings, the following hypotheses are formulated:

H1: Childhood victimization (i.e., parental physical abuse, parental verbal abuse, exposure to inter-parental violence, bullying, sexual abuse) will predict revictimization in adulthood.

H2: Childhood victimization and victimization occurring in adulthood will negatively affect one's mental health.

30 *Chan/Chen/ Chen*, Prevalence and correlates of the co-occurrence of family violence: A meta-analysis on family polyvictimization, Trauma, Violence, & Abuse, 2021, pp. 289–305.

31 *Boza/Nicholson Perry*, Gender-related victimization, perceived social support, and predictors of depression among transgender Australians, International Journal of Transgenderism, 2014, pp. 35-52.

32 *Rimes/Goodship/Ussher/Baker/West*, Non-binary and binary transgender youth: Comparison of mental health, self-harm, suicidality, substance use and victimization experiences, International Journal of Transgenderism, 2019, 230-240; *Rotondi*, Depression in trans people: A review of the risk factors, International Journal of Transgenderism 2012, pp. 104-116; *Smart/Mann-Jackson/Alonzo/Tanner/Garcia/Aviles/Rhodes*, Transgender women of color in the U.S. South: A qualitative study of social determinants of health and healthcare perspectives, International Journal of Transgender Health, 2022, pp. 164-177; *Trujillo/Perrin/Sutter/Tabaac/Benotsch*, The buffering role of social support on the associations among discrimination, mental health, and suicidality in a transgender sample, International Journal of Transgenderism, 2017, pp. 39-52.

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H3: The effects of various types of childhood victimization on mental health in adulthood will be mediated by victimization in adulthood.

IV. Methods

1. *Data Source and Sampling*

The analysis is based on data collected between 2016 and 2018 from a national probability sample ($N = 274$) of transgender individuals in the United States.[33] Data access has been provided by the Interdisciplinary Consortium for Political and Social Research (ICPSR) at the University of Michigan.

The sample includes transgender persons ranging in age from 18 to 72 (*M*: 39.36; *SD*: 16.89). The sample is relatively balanced in terms of sex at birth (Male: 52.6 %; Female: 47.4 %). Regarding one's gender identity at the time of the interview, most respondents (43.8 %) identified as woman/trans woman (MTF), 28.5 % identified as man/trans man (FTM), and 27.7 % reported their gender identity as non-binary trans (GNB). Most respondents (68.2 %) reported being non-Hispanic white. Almost a third of the sample includes ethnic/racial minorities (i.e., 7.7 % African American; 9.5 % Hispanic/Latino; 8.8 % multiracial; 5.8 % other ethnic minority). More than half of the respondents had post-high school education (i.e., 37 % started college; 22.2 % graduated from college, and 19.3 % reported graduate studies) and only 21.5 % had high school education or less.

2. *Measures*

The dependent variable (*Post-traumatic stress symptoms in adulthood / PTSS*) is a summative scale based on four questions (i.e., In your life, have you ever had any experience that was so frightening, horrible, or upsetting that in the past month you…(1) have had nightmares about it or thought about it when you did not want to; (2) tried hard not to think about it or went out of your way to avoid situations reminding you of it; (3) you were constantly on guard, watchful, or easily startled; (4) you fell numb or detached from others, activities, or surroundings). Each item is dummy coded (1 = yes; 0 = no). The

33 *Meyer*, TransPop United States, 2016 – 2018, Inter-university Consortium for Political and Social Research [distributor], 2021-06-23. https://doi.org/10.3886/ICPSR37938.v1.

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index is unidimensional (Eigenvalue = 2.664; variance explained = 66. 61 %; factor loadings: .791 - .858) and has good internal consistency (Alpha = .832). The variable takes values from 0 to 4 (Skewness = .041; Kurtosis = -1.613).

Polyvictimization in adulthood is used as a mediator in the multivariate analyses. This composite measure is constructed via principal component analysis (PCA). The index is unidimensional (Eigenvalue = 3.404; variance explained = 56.74 %; factor loadings: .659 - .864) and has good internal consistency (Alpha = .845). The variable is based on 6 items [i.e., Since the age of 18, how often…(1) you were hit, beaten, physically attacked, or sexually assaulted; (2) you were robbed, or your property was stolen, vandalized, or purposely damaged; (3) someone tried to attack you, rob you, or damage your property; (4) someone threatened you with violence; (5) someone verbally insulted or abused you; (6) someone threw an object at you]. Each question takes values from 1 (never) to 4 (three of more times). The index has a relatively normal distribution (Skewness = .677; Kurtosis = -.539).

Several independent variables were used to measure childhood victimization. *Exposure to inter-parental violence* is a dichotomous variable coded 1 if respondents who answered "yes" when asked "Before 18 years of age, did your parents or adults in your home ever slap, hit, kick, punch or beat each other up?" *Victim of parental physical violence* is a dichotomous variable as well. Respondents who answered "yes" when asked "Before 18 years of age, did a parent or an adult in your home ever slap, hit, kick, or physically hurt you in any way?" were coded 1. *Victim of parental verbal violence* – Respondents who answered "yes" when asked "Before 18 years of age, did a parent or adult in your home ever swear at you, insult you, or put you down?" were coded 1.

Victim of sexual abuse is an index constructed via PCA and is based on three questionnaire items [i.e., Before 18 years of age, how often did anyone at least 5 years older than you, or an adult ever… (1) touch you sexually, (2) try to make you touch them sexually, and (3) force you to have sex]. The factor is unidimensional (Eigenvalue = 2.407; variance explained = 80.23 %; factor loadings varied from .887 to .928) and has good internal consistency (Alpha = .875). Respondents who answered "never" were coded 0 and the others were coded 1. *Victim of bullying* is a dichotomous variable coded 1 if the respondents reported being bullied before age 18 and zero if they acknowledged never or rarely being bullied.

Polyvictimization in childhood is a summative scale based on the questionnaire items previously described. The aggregate victimization types are exposure to inter-parental violence, physical assault by parent, parental verbal abuse, sexual victimization (3 items) and bullying. The variable ranges

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from 0 to 7 and has good internal consistency (Alpha = .802). Although the measure is bi-dimensional, all components loaded positively on the first factor (.470 to .814).

Three dichotomous measures were used as control variables. *Gender identity* (non-binary) – Non-binary trans respondents have been coded 1 and those who identified as a (trans) woman or a (trans) man have been coded zero. *Socio-economic status* (low) – Recipients of the Supplemental Nutrition Assistance Program (SNAP) were coded 1. Respondents who were not SNAP recipients have been coded zero. *Age* (young) – Respondents aged 18 to 21 were coded 1 and those 22 years old or older were coded zero.

3. *Analytic Strategy*

Two multivariate analyses are presented. The first analysis explores the direct and indirect effects of childhood polyvictimization on mental health in adulthood, using polyvictimization in adulthood as a mediator. Different from the first analysis, which assesses the cumulative effect of childhood victimization on trans persons' mental health, a second statistical model examines the direct and indirect effects of different types of childhood victimization on the dependent variable. Data analysis is conducted using the Statistical Package for the Social Sciences (SPSS) version 28.0, PROCESS macro, version 3.3.[34]

V. Results

1. *Univariate Analyses*

Table 1 shows the descriptive statistics for the variables included in the statistical models. On average, respondents reported experiencing two out of four symptoms of trauma in adulthood. Only 28.1 % of the study participants never experienced PTSS and 31 % acknowledged experiencing all four symptoms of stress during the month preceding the survey (e.g., nightmares, avoidance behavior, anxiety, emotional numbness). Additional analyses showed that only 13.4 % of the respondents did not report any type of

34 *Hayes*, Introduction to mediation, moderation, and conditional process analysis: A regression-based approach, Second edition, New York, 2018.

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victimization during adulthood. About 21 % of the study participants were physically and/or sexually assaulted, 28 % were threatened with violence, and 60 % were verbally abused three or more times during adulthood.

Table 1. Descriptive Statistics.

Variable	*N*	%	Mean	SD	Min	Max
PTSS in adulthood	274		2.00	1.69	0	4
Polyvictimization in adulthood	268		.00	1.00	-1.207	2.254
Polyvictimization in childhood	274		2.68	1.94	0	7
Exposure to inter-parental violence	274		.35	.48	0	1
Victim of parental physical violence	274		.48	.50	0	1
Victim of parental verbal violence	274		.73	.45	0	1
Victim of bullying	271		.69	.46	0	1
Victim of sexual abuse	274		.00	1.00	-.793	1.620
Gender identity	274					
Trans woman (MTF)		43.8				
Trans man (FTM)		28.5				
Non-binary trans (GNB)		27.7				
Socio-economic status (SNAP recipient)		13.1				
Age (18 – 21)		17.9				

Almost nine out of ten respondents reported experiencing at least one type of victimization during childhood. Only 12.4 % did not acknowledge any type of childhood victimization and 22.6 % experienced at least five out of seven types of victimization. Parental verbal abuse was the most common type of childhood victimization, being reported by 73 % of the respondents. Moreover, 69 % of the study participants said they were bullied before age 18. Although most respondents did not report childhood sexual victimization, 41.6 % said they were touched sexually, 35.8 % were forced to touch sexually, and 22.6 % were forced to have sex with an adult or a person who was at least five years older than the respondent at the time of the assault. In comparison, the results of the National Survey of Children's Exposure to Violence (NatSCEV) conducted in 2008 on a nationally representative sample of children and adolescents in the United States (N = 4,549) indicate that the lifetime direct and indirect victimization reported by adolescents (14 – 17 years old) was lower. For instance, in the national sample, exposure to inter-parental assault was reported by 27 % of the adolescents. Psychological/emotional abuse and physical abuse by a parent/caregiver were reported by

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22.6 % and 19.4 % of the adolescents, respectively. Emotional bullying was reported by 38.4 % of the adolescents and 28.5 % of the respondents indicated they have been physically bullied during their lifetime. Moreover, 27.8 % of the adolescents experienced some form of sexual victimization (e.g., 11.3 % reported being sexually assaulted and 2.3 % experienced completed rape).[35]

2. *Multivariate Analyses*

The first multivariate analysis examines the potential long-term effect of childhood polyvictimization on one's mental health in adulthood. Because it is hypothesized that the cumulative effect of childhood victimization on the dependent variable is mediated by revictimization in adulthood, an initial analysis presented in Table 2 assessed the effect of the focal independent variable on the estimated mediator.

Table 2. Childhood Polyvictimization Effect on Transgender Adults' Polyvictimization.

Variable	B	SE	Beta
Childhood polyvictimization	.1968***	.0283	.3775
Gender identity (non-binary)	.1730	.1169	.0781
Socio-economic status (low)	.7419***	.1614	.2505
Age (18- 21)	-.3645**	.1376	-.1412
Constant	-.6022***	.0973	
F (df1 = 4; df2 = 263)	24.7510***		
R^2	.2735		
N = 268			

*Note: B = unstandardized regression coefficient; SE = standard error of the estimate; Beta = standardized regression coefficient; **p< .01; ***p< .001, 2-tail test.*

Results show that trans respondents who reported more instances of victimization during childhood were significantly more likely to become victims of crime during adulthood. While younger respondents were less likely to report victimization during adulthood, those with a low socioeconomic status were victims of various offenses more often than better-off trans respondents. Non-binary trans respondents did not report significantly

35 *Finkelhor/Turner/Ormrod/Hamby,* Violence, abuse, and crime exposure in a national sample of children and youth, Pediatrics, 2009, pp. 1411-1423.

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higher levels of adult victimization when compared to trans men and trans women.

Table 3. Direct, Indirect, and Total Effects of Childhood Polyvictimization on Mental Health.

Variable	B	SE	Beta
Childhood polyvictimization (DE)	.1714***	.0476	.2012
IE -> Polyvictimization in adulthood	.1139***	.0252	.1337
Total effect	.2852***	.0467	
Non-binary gender identity (DE)	.5436**	.1813	.1502
IE -> Polyvictimization in adulthood	.1001	.0685	.0613
Total effect	.6437***	.1925	
Low socio-economic status (DE)	.3197	.2592	.0661
IE -> Polyvictimization in adulthood	.4293**	.1312	.2627
Total effect	.7490**	.2659	
Young adult (DE)	1.2270***	.2154	.2908
IE -> Polyvictimization in adulthood	-.1291*	.0492	-.1291
Total effect	1.0160***	.2266	
Polyvictimization in adulthood (DE)	.5787***	.0953	.3542
F (df1 = 5; df2 = 262)	28.5361***		
R^2	.3526		
N = 268			

*Note: DE = direct effects; IE = indirect effects; B = unstandardized regression coefficient; SE = standard error of the estimate and boot standard error for the indirect effects; Beta = standardized regression coefficient. The number of bootstrap samples for the 95 % bias corrected bootstrap confidence intervals = 5,000; *p< .05; **p<.01; ***p<.001.*

The direct and indirect effects of childhood polyvictimization on PTSS are presented in Table 3. Directly and indirectly childhood polyvictimization significantly affects the trans people's mental health in adulthood. Non-binary trans persons, younger individuals, and those with a lower socioeconomic status are more likely to display symptoms of post-traumatic stress in adulthood. Although in two instances the indirect effects are not significant, the total effects of the selected predictors on adult mental health are always significant and positive.

Figure 1 presents a summary of the estimated path model. Only significant direct effects (standardized regression coefficients) are included.

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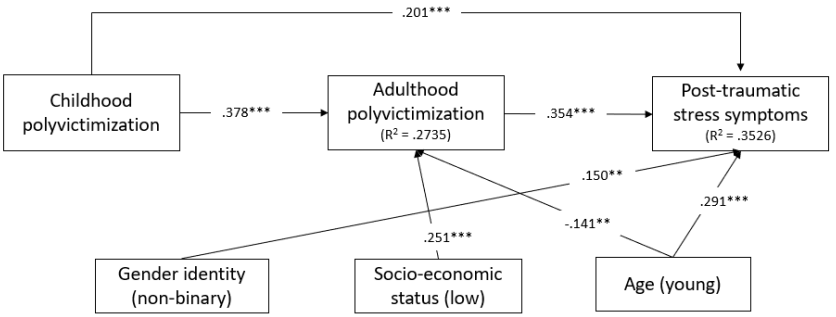

*Figure 1. Childhood polyvictimization effects on post-traumatic stress symptoms in adulthood. Note: ** p< .01; ***p< .001*

A second set of analyses examines the independent effects of the selected childhood victimization types. First, polyvictimization in adulthood is regressed on the selected predictors. Results included in Table 4 show that the risk of being revictimized during adulthood increased significantly for the trans respondents who were bullied, experienced sexual abuse, and have been physically victimized by parents. Parental verbal abuse and exposure to inter-parental violence during childhood do not appear to significantly increase one's risk of revictimization during adulthood.

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Table 4. Childhood Victimization Effects on Trans Adults' Polyvictimization.

Variable	B	SE	Beta
Exposure to inter-parental violence	-.0042	.1219	-.0020
Victim of parental physical violence	.3092*	.1232	.1542
Victim of parental verbal violence	.2045	.1342	.0911
Victim of bullying	.2966***	.0511	.3150
Victim of sexual abuse	.1441*	.0560	.1422
Gender identity (GNB)	.1225	.1088	.0553
Socioeconomic status (SNAP recipient)	.7528***	.1517	.2541
Age (18 – 21)	-.4734***	.1295	-.1833
Constant	-1.2319***	.1600	
F (df_1 = 8; df_2 = 257)	21.1168***		
R^2	.3966		
N = 266			

*Note: B = unstandardized regression coefficient; SE = standard error of the estimate; Beta = standardized regression coefficient; * p< .05; **p< .01; ***p< .001, 2-tail test.*

Results presented in Table 5 show that trans persons who displayed more symptoms of post-traumatic stress in adulthood have also been sexually abused and bullied during childhood. Indirectly, parental physical violence during childhood significantly increases the risk of mental health issues for adult trans persons. As previously noted, those who reported more symptoms of post-traumatic stress were more likely to be young, poor, and non-binary trans persons. As hypothesized, polyvictimization during adulthood had detrimental effects on trans persons' mental health. The estimated path model accounts for almost 40 % of the variation in the dependent variable, post-traumatic stress symptoms in adulthood.

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Table 5. Direct, Indirect, and Total Effects of Childhood Victimization on Trans Adults' Mental Health.

Variable	B	SE	Beta
Exposure to inter-parental violence (DE)	.0284	.1990	.0083
IE -> Polyvictimization in adulthood	-.0017	.0534	-.0011
Total effect	.0267	.2049	
Victim of parental physical violence (DE)	-.0156	.2037	-.0048
IE -> Polyvictimization in adulthood	.1274**	.0579	.0779
Total effect	.1118	.2072	
Victim of parental verbal violence (DE)	.2886	.2202	.0789
IE -> Polyvictimization in adulthood	.0843	.0564	.0515
Total effect	.3729	.2256	
Victim of bullying (DE)	.3150***	.0887	.2052
IE -> Polyvictimization in adulthood	.1222**	.0384	.0796
Total effect	.4373***	.0859	
Victim of sexual abuse (DE)	.2580**	.0926	.156
IE -> Polyvictimization in adulthood	.0594*	.0305	.0360
Total effect	.3174***	.0941	
Non-binary gender identity (DE)	.5229**	.1782	.1447
IE -> Polyvictimization in adulthood	.0505	.0462	.0309
Total effect	.5734**	.1830	
Low socio-economic status (DE)	.4341	.2594	.0899
IE -> Polyvictimization in adulthood	.3102**	.1086	.1897
Total effect	.7443**	.2551	
Young adult (DE)	1.0437***	.2169	.2479
IE -> Polyvictimization in adulthood	-.1951**	.0714	-.1193
Total effect	.8486***	.2177	
Polyvictimization in adulthood (DE)	.4120***	.1019	.2528
F ($df_1 = 9$; $df_2 = 256$)	18.6835***		
R^2	.3964		
N = 266			

*Note: DE = direct effect; IE = indirect effect; B = unstandardized regression coefficient; SE = standard error of the estimate and boot standard error for the indirect effects; Beta = standardized regression coefficient. The number of bootstrap samples for the 95 % bias corrected bootstrap confidence intervals = 5,000; *p< .05; **p<.01; ***p<.001.*

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A summary of the path analysis that explored the potential long-term effects of several types of childhood victimization on trans adults' mental health is presented in Figure 2. Only significant paths are included.

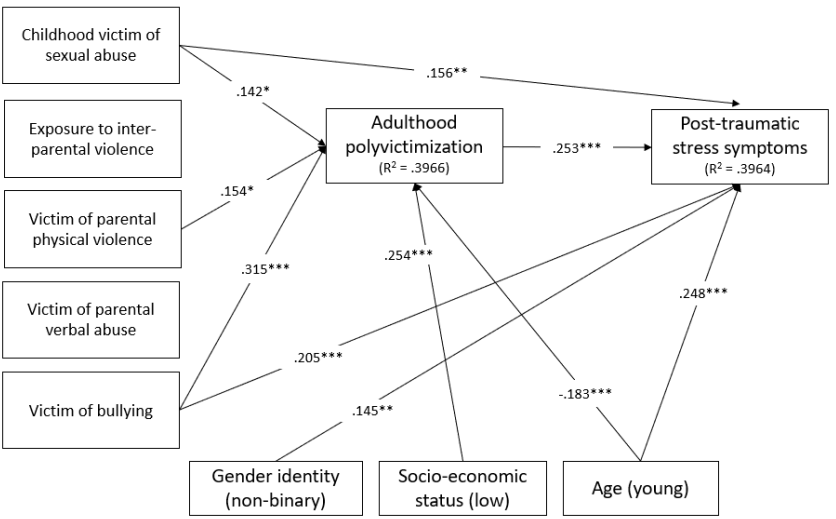

Figure 1. Childhood victimization effects on post-traumatic stress symptoms in adulthood

*Note: Included are the standardized regression coefficients. Number of bootstrap samples for 95 % bootstrap confidence intervals: 5,000. *p< .05; ** p< .01; ***p< .001.*

VI. Discussion and Conclusion

For the most part, results are consistent with the theoretical predictions. As Perry et al.'s theoretical model anticipated,[36] respondents exposed to violence in the family of origin were more likely to report victimization outside the family sphere (i.e., bullying and childhood sexual maltreatment). Similar to prior research based on samples drawn from the general population,[37] findings show that trans persons who experienced childhood

36 *Perry/Hodges/Egan,* 2001, pp. 73, 95.

37 *Brassard/Tourigny/Dugal/Lussier/Sabourin/Godbout*, Violence Against Women, 2020, pp. 1305, 1314; *Pereda/Gallardo-Pujol*, Violence and Victims, 2014, p. 217; *Scrafford/Grein/Miller-Graff*, Journal of Child & Adolescent Trauma, 2018, pp. 317, 320.

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polyvictimization were more likely to report polyvictimization in adulthood.

The study found partial support for Freyd's betrayal trauma theory.[38] Consistent with prior research,[39] trans persons who experienced parental physical maltreatment were more likely to report revictimization in adulthood. When different types of childhood victimization were modeled simultaneously, emotional maltreatment (bullying), sexual maltreatment, and parental physical victimization were significantly associated with revictimization in adulthood. Similar to Pezzoli et al.'s findings[40], childhood emotional maltreatment (bullying) appears to have the strongest impact on trans persons' revictimization in adulthood.

Echoing prior research findings,[41] the analysis documented the lasting deleterious effect of childhood victimization on mental health in adulthood. Childhood sexual maltreatment and bullying victimization predicted not only revictimization in adulthood but were also directly linked to serious psychological distress in adulthood. Moreover, results show that the youngest respondents in the sample as well as non-binary trans (GNB) participants reported more traumatic stress symptoms than older and binary trans persons, respectively. It should be noted that younger respondents and GNB participants were not more likely to report polyvictimization in adulthood. Although the vulnerability of these groups of trans individuals to mental health issues, such as depression and suicidal ideation has been documented by prior research as well,[42] further research is needed to explain why certain gender nonconforming individuals report traumatic stress symptoms more than other trans persons.

Before discussing the implications of the findings, the study limitations should be noted. The study is cross-sectional and relies on retrospective self-report data. Recall bias might be present.[43] The analysis is based on

38 *Gomez/Freyd*, 2019, pp. 79, 80.

39 *Rowe/Chananna/Cunningham/Harkness*, Journal of Interpersonal Violence, 2022, pp. 1, 16.

40 *Pezzoli/Antfolk/Kronlund/Santtila*, Journal of Sex Research, 2020, pp. 624, 630.

41 *Scrafford/Grein/Miller-Graff*, Journal of Child & Adolescent Trauma, 2018, pp. 317, 320, 321.

42 *Connolly/Zervos/Barone/Johnson/Joseph*, The mental health of transgender youth: advances in understanding. Journal of Adolescent Health, 2016, 489-495; *Veale/Watson/Peter/Saewyc,* Mental health disparities among Canadian transgender youth, Journal of Adolescent Health 2017, pp. 44-49.

43 *Widom/Morris*, Accuracy of adult recollections of childhood victimization: Part 2. Childhood sexual abuse, Psychological Assessment, 1997, pp. 34-46.

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secondary data that limited the selection of the variables used in the statistical models. For example, the analysis could not control for the respondent's mental health profile in childhood because the information was not available. Additionally, it was not known if childhood sexual maltreatment occurred in the family and/or outside the family of origin. The sample used in this study was relatively small and even if inter-group differences in victimization and mental health issues were not identified when participants belonging to different ethnic/racial groups were compared, the estimates cannot be considered reliable because the subsamples of ethnic minorities were very small. Although respondents were randomly selected, the response rate was low. As a result, findings might not generalize to all transgender individuals in the United States and/or elsewhere.

Nevertheless, despite its limitations, this is one of the few studies that assessed the long-term impact of childhood polyvictimization and of various types of childhood maltreatment on revictimization and mental health in adulthood using a sample of transgender individuals. Although results are generally consistent with the theoretical predictions and research findings based on community samples, the prevalence of childhood and adult victimization is higher among the trans persons studied here than in the general population.[44]This indicates that transgender individuals are in greater need of early interventions meant to prevent and decrease their victimization risk at all developmental stages. And these interventions should start in the family of origin. Although the literature examining the impact of the family violence on trans persons' well-being is limited, several studies documented a negative relationship between family support for gender identity and symptoms of depression among trans youth and young adults.[45] Yet a recent national survey conducted in the United States, which captured the experiences of nearly 34,000 sexual and gender minority youth ages 13-24, found that while 51 % of the transgender respondents identified school as a safe and supportive environment, only 32 % considered their home a gender-affirming space.[46] The same survey found that more than half of

44 *Finkelhor/Turner/Ormrod/Hamby*, 2009, 1413, 1414; *Morgan/Truman*, Criminal Victimization, 2019, NCJ Bulletin 2020, pp. 1-53. https://bjs.ojp.gov/content/pub/pdf/cv19.pdf.

45 *Brown/Porta/Eisenberg/McMorris/Sieving*, Family relationships and the health and well-being of transgender and gender-diverse youth: A critical review, LGBT Health, 2020, pp. 407-419.

46 *Paley*, The Trevor Project: 2022 National Survey on LGBTQ Youth Mental Health, 2022, https://www.thetrevorproject.org/survey-2022/.

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the interviewed transgender youth seriously considered suicide and 19 % attempted suicide during the year preceding the survey. The proportion of the trans youth who attempted to end their lives was however lower among those who acknowledged living in families where they felt supported and in communities that promote acceptance of trans and gender nonconforming youth.[47]

As one scholar noted, only through continued research, advocacy, recognition of family dynamics, specialized training of mental health professionals, normalized access to critical services for gender minorities, and the implementation in schools and local communities of awareness programs regarding gender diversity, "the rates of anxiety, self-harm, depression, victimization, substance use, suicidal ideation and homelessness" among gender diverse persons would decrease.[48] Moreover, societal-level interventions addressing the stigmatization and discrimination of persons belonging to gender minority groups are needed. Over the past two years, dozens of states in the U. S. considered legislation meant to advance the LGBTQ comprehensive nondiscrimination laws. Yet more than 100 pieces of legislation targeting the transgender community in more than thirty states have been introduced in 2021 and 25 anti-trans bills have been introduced in the first six months of 2022.[49] These bills intend to limit the rights, opportunities, and care of transgender persons. And even if the proposed bills may not translate into law, these legislative efforts could be harmful because they may negatively influence the public discourse, encourage bullying and harassment, and contribute to the perpetuation of stigma transgender and gender nonconforming persons continue to face.[50]

47 *Paley*, The Trevor Project, 2022, p. 20.

48 *Riley,* (2018) Bullies, blades, and barricades: Practical considerations for working with adolescents expressing concerns regarding gender and identity, International Journal of Transgenderism, 2018, pp. 203, 209.

49 *Freedom for All Americans*, Tracking LGBT-Related Legislation Nationwide (June 30, 2022). https://freedomforallamericans.org/legislative-tracker/anti-lgbtq-bills/.

50 *National Council on Family Relations*, Critical benefits of familial and community support for transgender youth, 2021. https://www.ncfr.org/news/critical-benefits-familial-and-community-support-transgender-youth.

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